Dr. Birney

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033514

STATE FILE NUMBER

FILED OCT 9 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 324

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Elizabeth — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Marion
c. CITY OR TOWN: Hannibal c644-0 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 312 S. Hayden — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Almina Middle: Last: Manley

4. DATE OF DEATH Month Day Year: 10/2/1958

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] 2 **DIVORCED** [ ]

8. DATE OF BIRTH: 11/9/1877

9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Smithton, Missouri 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: James Smith

13b. MOTHER'S MAIDEN NAME: Missouri Mitchell

14. NAME OF HUSBAND OR WIFE: Benjamin F. Manley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Roy C. Manley, 312 S. Hayden, Hannibal, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Pyelonephritis
DUE TO (c): 6000
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

INTERVAL BETWEEN ONSET AND DEATH: Date of onset unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-25- to 10-2-58 and last saw her/him alive on 10-1-58
Death occurred at 5:20 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W P Birney M D 0

22b. ADDRESS: Hannibal Mo

22c. DATE SIGNED: 10-3-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10/4/1958

23c. NAME OF CEMETERY OR CREMATORY: Olivet Cemetery

22d. LOCATION (City, town, or county) (State): Center, Missouri

24. FUNERAL DIRECTOR ADDRESS: H.M. O'Donnell, Hannibal, Mo.

25. DATE RECD. BY LOCAL REG.: 10-4-58

26. REGISTRAR'S SIGNATURE By Dr. E.M. Lucke. W.C. Fisher

(Licensed Embalmer's Statement on Reverse Side)

. Health, & Welfare . Public h Service

S. 300 . 1-57

All diseases in Part I must be causally related. Use only standard nomenclature in item 18. No symptoms will be listed.

RECEIVED OCT 7 1958
MARION CO. HEALTH DEPT.
DATE FILED OCT 7 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed W M O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.